

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Daniel J. Divis, Esquire		2. PHONE NUMBER (215) 790-8400		3. DATE 07/16/2014	
4. MAILING ADDRESS 121 S. Broad Street Suite 1400		5. CITY Philadelphia		6. STATE PA	7. ZIP CODE 19107
8. CASE NUMBER 1:13-md-2419	9. JUDGE Rya W. Zobel		DATES OF PROCEEDINGS		
12. CASE NAME New England Compounding Pharmacy MDL		10. FROM 05/13/2014		11. TO N/A	
		13. CITY Boston		14. STATE MA	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input checked="" type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Status Conference of	
<input type="checkbox"/> BAIL HEARING				May 13, 2014	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE <i>Daniel J. Divis</i>			PROCESSED BY		
19. DATE 07/16/2014			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED			DATE BY		
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES 0.00		
TRANSCRIPT RECEIVED			LESS DEPOSIT 0.00		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE 0.00		

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UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

IN RE: NEW ENGLAND)
COMPOUNDING PHARMACY, INC.)
PRODUCTS LIABILITY LITIGATION) MDL No. 1:13-md-2419-FDS
)

This Document Relates To:)
)

WILLIAM LEWIS and NANCY LEWIS,)
H/W)
)
v.)
)
NEW ENGLAND COMPOUNDING)
PHARMACY, INC.,) MDL No. 1:14-cv-10433-RWZ
AMERIDOSE, LLC,)
ALAUNUS PHARMACEUTICAL, LLC,)
NAZARETH HOSPITAL,)
MERCY HEALTH SYSTEM,)
WILLIAM A. ANDERSON, M.D., and)
THE ROTHMAN INSTITUTE a/k/a) JURY TRIAL DEMANDED
And/or d/b/a THE ROTHMAN)
INSTITUTE AT NAZARETH HOSPITAL)

CERTIFICATE OF SERVICE

I, Daniel J. Divis, Esquire do hereby certify that I caused one (1) copy of the within Answer and Affirmative Defenses to Plaintiffs' Complaint of Defendants Nazareth Hospital and Mercy Health System of Southeastern Pennsylvania, to be served this day by electronic mail or United States First Class Mail, postage prepaid, upon all other counsel of record or unrepresented parties.

GEROLAMO, McNULTY, DIVIS & LEWBART

BY: _____

Daniel J. Divis

FRANK A. GEROLAMO,
DANIEL J. DIVIS
121 S. Broad Street, Ste. 1400
Philadelphia, PA 19107
(215) 790-8400

Attorneys for Defendants,
Nazareth Hospital and
Mercy Health System of Southeastern PA.

Dated: 7/16/14